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NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: 111094

Date: November 13, 2000

BOX PATENT APPLICATION

**NONPROVISIONAL APPLICATION TRANSMITTAL
RULE §1.53(b)**

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Director of the U.S. Patent and Trademark Office
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): KNOWLEDGE-BASED MANAGEMENT DIAGNOSTIC SYSTEM

By (Inventors): Takahiko NOMURA, Noboru KONNO

- ☒ Formal drawings (Figs. 1-10; 10 sheets) are attached.
☐ Use Figure _____ for front page of Publication.
☐ A Declaration and Power of Attorney is filed herewith.
☒ This patent application is assigned to FUJI XEROX CO., LTD.
☐ The executed Assignment is filed herewith.
☐ An Information Disclosure Statement is filed herewith.
☐ Entitlement to small entity status is hereby asserted.
☐ A Preliminary Amendment is filed herewith.
☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. _____, filed _____.--
☒ Priority of foreign applications No. 2000-345309 filed November 13, 2000 in Japan and No. 2001-306073 filed October 2, 2001 in Japan is claimed (35 U.S.C. §119).
☐ A certified copy of the above corresponding foreign application(s) is filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
☒ The filing fee is calculated below:

**CLAIMS IN THE APPLICATION AFTER ENTRY OF
ANY PRELIMINARY AMENDMENT NOTED ABOVE**

| FOR: | NO. FILED | NO. EXTRA |
|--|-----------|-----------|
| BASIC FEE | | |
| TOTAL CLAIMS | 30 - 20 | = 10 * |
| INDEP CLAIMS | 12 - 3 | = 9 * |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED | | |

* If the difference is less than zero, enter "0".

| SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|--------------|--------|----|------------------------------|---------|
| RATE | FEE | | RATE | FEE |
| | \$ 370 | OR | | \$ 740 |
| x 9 = | \$ | OR | x 18 | \$ 180 |
| x 42 = | \$ | OR | x 84 | \$ 756 |
| + 140 = | \$ | OR | + 280 | \$ |
| TOTAL | \$ | OR | TOTAL | \$ 1676 |

- ☒ Check No. 124767 in the amount of \$1676.00 to cover the filing fee is attached. Except as otherwise noted herein, the Director is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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